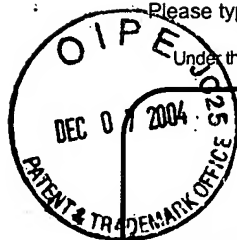


Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

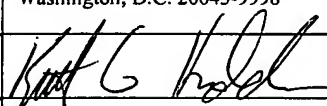
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		<b>Application Number</b>	10/026,949
		<b>Filing Date</b>	December 27, 2001
		<b>First Named Inventor</b>	HAMIED et al.
		<b>Group Art Unit</b>	1624
		<b>Examiner Name</b>	B.L. COLEMAN
<b>Total Number of Pages in This Submission</b>	18	<b>Attorney Docket Number</b>	33396-177202

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;"><b>Request for Reconsideration</b></p>		
<table border="1"> <tr> <td>Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Venable P.O. Box 34385 Washington, D.C. 20043-9998	26694 PATENT TRADEMARK OFFICE
Signature	 Keith G. Haddaway, Ph.D., Registration No. 46,180	
Date	December 7, 2004	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b			
			on this date: <input type="text"/>
Typed or printed name			
Signature		Date	

**VENABLE**  
ATTORNEYS AT LAW

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, 22313-1450.

::ODMA\PCDOCS\DC2DOCS\11602954\1



Docket No.: 33396-177202  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Hamied et al.

Application No.: 10/026949

Confirmation No.: 7990

Filed: December 27, 2001

Art Unit: 1624

For: PHARMACEUTICAL COMPOSITIONS  
CONTAINING NEW POLYMORPHIC  
FORMS OF OLANZAPINE AND USES  
THEREOF

Examiner: B. L. Coleman

**REQUEST FOR RECONSIDERATION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated September 7, 2004, Applicants respectfully request that the above-identified patent application be reconsidered in view of the amendments and remarks which follow, that each of the presently pending claims be allowed, and that the application be passed to issue.

It is not believed that any extensions of time or fees for net addition of claims are required beyond those otherwise provided for in the documents accompanying this paper. However, if additional extensions of time are needed to prevent abandonment of this application, then such extensions of time are hereby requested and any fees required therefore or other fee deficiency are hereby authorized to be charged, and any overpayments credited to, Deposit Account No. 22-0261.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** begin on page 6 of this paper.

**Remarks** begin on page 15 of this paper.